ARB/ASD	262A (REV.	1/2008)									Page	of	Pages		
CLAIMANT'S NAME						SSN OR EMPLOYEE NUMBER					DEPARTMENT				
Linda Adams POSITION CB/ID NUMBER						On File Cal/EP DIVISION OR BUREAU						EPA INDEX NUMBER			
Secretary for Environmental Protection						Office of the Secretary									
RESIDENCE ADDRESS On File						HEADQUARTERS ADDRESS						TELEPHONE NUMBER			
CITY STATE ZIP CODE							1001 I Street, 25th Floor CITY					916-323-2514 STATE ZIP CODE			
On File						Sacramento					CA		95814		
(1) MONTH/YEAR (3) March LOCATION			(4) (5) MEALS							PORTATION		(8)	(9)		
March (2)		WHERE EXPENSES	LODGING			O.T,L/T, NC, RELO.	. INCIDEN-	(A)	(B)	(C) CARFARE,	(D) PRIVATE		BUSINESS	TOTAL	
. ,			Lobolino	BREAK- FAST		OR DINNER	TALS	COST OF TRANS.	TYPE USED	TOLLS, PARKING	CAR USE		EXPENSE	EXPENSES	
DATE	TIME										MILES	AMT		FOR DAY	
3/11	10:00	Depart for San Francisco, CA - World Affairs Council 2010 Conference												0.0	
3/11	22:00	Arrived Sacramento, CA												0.0	
														0.0	
														0.0	
														0.0	
														0.0	
														0.0	
														0.0	
														0.0	
														0.0	
														0.0	
(10)									Т					0.0	
SUBTOTALS			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0	0.00	0.00	0.0	
	CLAIM TO											\$		-	
Secret entitle Micha	tary Lind ed: "Post- ael Levi, l	TRIP, REMARKS AND DETAILS a Adams participated and sp Copenhagen: Establishing a Director of the Program on Goldman School of Public	ooke at the Global C Energy S	e World Climate F ecurity a	Affairs Regime.' nd Clim	Council ' She wate Cha	: Innova as joine	d by Nan	cy McFa	adden, Se	enior Vic	e Presider	it, PGE Corp	oration and	
8:00-5:00pm				AGENCY ACOUNTING OFFICE USE ONLY											
(13) PRIVATE VEHICLE LICENSE NO.  (14) MILEAGE RATE CLAIMED															
\$ 0.550															
PAI	C	ENCY ACCOUNTING DEFICE USE ONLY LVING FUND CHECK NUMBER													
(15)	and if mileag	ERTIFY That the above is a true statement e rates exceed the minimum rate. I certify to 15 or 15, 0750, 0751, 0752, 0753 and 0754 pertain	hat the cost of	operating the	vehicle was	equal to or									
CLAIMANT	'S SIGNATURE		.g .5 (Sholle	DATE	couge	1	ATURE OF O	FFICER APPRO	OVING TRAV	EL AND PAY	MENT		DATE		
(17) SPE	CIAL EXPE	NSE AUTHORIZATION - SIGNAT	URE and TI	RE and TITLE (See Item 17 on reverse)								DATE			